



Jeannette B. DeJesús
SPECIAL ADVISOR TO THE GOVERNOR
OFFICE OF HEALTH REFORM & INNOVATION
STATE OF CONNECTICUT

Consumer Advisory Board

Wednesday, January 18, 2012
Meeting Minutes

All Members were present: Patricia Checko, Jeannette DeJesús, Bryte Johnson, Robert Koorse, Theanvy Kuoch, Sharon Langer, Nanfi Lubogo, Richard Porth, Lena Rodriguez

Call to Order and Introduction of Advisory Board Members

Special Advisor to the Governor Jeannette DeJesús opened the meeting and asked the members to introduce themselves.

Appointment of Vice Chair

The first order of business was to appoint a Vice Chair. It was moved that Richard Porth who is President and CEO of the United Way of Connecticut be appointed as Vice Chair. Mr. Porth is known for his life work and experience in providing access to communities that are diverse. Ensuring that the needs of diverse communities are appropriately addressed is critical as we move forward with health reform. Mr. Porth's appointment as Vice Chair was approved.

Office of Health Reform Role and Purpose and Overview of Health Reform Legislation

Ms. DeJesús introduced Bobbi Schmidt, General Counsel of the Office, who, along with Ms. DeJesús, gave an overview of the history of the Office, its priorities, and the key initiatives it is pursuing. The materials that were used during this portion of the meeting have been posted to the website.

The office of Health Reform and Innovation was started in July 2011 pursuant to enabling legislation that was passed shortly beforehand. The Board was encouraged to review the legislation that established the Office of Health Reform and Innovation and its purpose.

Ms. DeJesús then reviewed some demographic information regarding the uninsured in Connecticut, and a number of select health indicators and their associated costs.

She then discussed the role of the office and its priorities. The Office is bringing together multiple agencies that are all in the process of implementing various aspects of health care reform. Ms. DeJesús emphasized that, in pursuing solutions, we have to put the patient at the center of health care, and create a culture in medicine which rewards the value of health care, not the number of procedures. She reviewed the priorities of the Office, which are to promote improved health care, reduce costs, and improve access.

She and Ms. Schmidt then reviewed certain key initiatives of the Office.

Ms. DeJesús mentioned that the Office had applied for and received a grant from the NASHP Learning Collaborative focused on health equity. That grant will help provide training to Advisory Board Members, Members of the Governor's Health Care Cabinet and others in this important area.

Ms. Schmidt then described the work of the Multi-Payer Data Initiative which is dedicated to improving health care through the collection, analysis, dissemination, public availability and use of health data. The data will be used to help answer research and policy questions. Other states have created these kinds of data bases and Connecticut is greatly benefiting from reviewing what those states have already done. Data collected will be from public and private payers – insurance carriers, health plans, Medicaid and Medicare, etc. A key partner we've been working with is an organization called the APCD Council which is located in New Hampshire.

Ms. DeJesús distributed an article to the members by the CT Mirror, which talks about our efforts and efforts in other states to create All Payer Data Bases. The article is also available on our Website or at www.ctmirror.com.

Pat Checko remarked that this is basically a claims data base. Thea Kouch was interested in the possibility of collecting demographic data reflecting ethnicity and race, and asked if this type of information would be collected as part of an APCD program. Bobbi wasn't sure if this type of demographic information is contained on a claim form, but will get back to the group with an answer. She discussed the difference between an APCD and a health information exchange like HITE-CT and the type of data each collects.

Lena Rodriguez asked various questions, including where will the data base be housed, who will own it, and who will have access to it? Ms. Schmidt explained that states have taken different approaches--some states have housed their data in insurance departments, non-profits, or other state agencies. That's something the Office is focusing on now in consultation with the MPDB Workgroup. Our view is that this data is owned by the public and we want to make it publicly available.

There was additional discussion about the importance of being able to capture various types of demographic information, and what has been possible with Medicaid data. In the Medicaid context, they have brought together the eligibility and claims data by race, ethnicity and by age and utilization of services. The group felt it would be worth looking at what's been done with Medicaid data, but it's not clear that commercial insurers are capturing the same type of demographic data. This should be explored further.

Ms. Checko noted that in the past there have been challenges in accessing DSS data.

Ms. DeJesús mentioned that the Office is dedicating significant resources to the multi-payer claims data base initiative. We're developing a collaborative relationship with state agencies, insurance companies, non-profits - all wanting to do this with us. An All-Payer Claims Database has to be available to everyone. We have an aggressive timeframe and we need this group to make sure you insert your voice so the people of Connecticut are represented. We have the ability to transform health care in our state.

Ms. Schmidt expressed appreciation for everyone's comments and noted that the Office will be embarking on a series of interviews with a broad range of stakeholders to see what their needs are for this data base. We want to make it more and more powerful as time goes on.

Mr. Porth expressed his excitement about the initiative and his hope that we can help this system to work as planned. There are large data bases for childcare – where parent and care givers can go to find childcare. The kind of data that's in that type of database is a lot simpler than what we're talking about here. We need to learn more how this database will be supported so people can access it on a "self help" basis to make good, informed decisions.

Ms. Schmidt went on to talk about the Comprehensive Primary Care initiative (CPCI). On Tuesday, January 17, 2012, the State of Connecticut filed a statewide coordinated proposal to participate in this initiative which is being sponsored by the Center for Medicare and Medicaid Innovation. We believe the CPCI program holds tremendous potential to support expanded high performance primary care across Connecticut. Connecticut's five major insurers submitted applications to participate in CPCI along with the state for its Medicaid and its employee/retiree health plan.

Ms. DeJesús stated that \$48 million could be infused into Connecticut to support primary care if we are selected to participate in CPCI. It represents a very large opportunity. It can be challenging to get insurance companies, agencies, and providers to

engage in the kind of conversation that's needed to pursue this type of initiative – but DSS, the Comptroller's Office, the payers and various members of the provider and business communities have been exceptional partners in helping to move this forward. If we are awarded this grant, it would reflect positively on collaboration in the state.

At this point, the orientation portion of the meeting was concluded.

Ms. Rodriguez asked what the overall goal and objective of the Consumer Advisory Board is, and a discussion followed. Ms. DeJesús suggested that the group develop a statement of purpose.

She remarked that the group represents the voices and experiences of the people of this state – individuals and groups.

Ms. DeJesús also suggested that 10 minutes be allocated at each meeting for an “open mike” for community voices, and the group could invite consumers who could share their experiences in navigating the health care system. A discussion followed about the role of the group and the benefits to be gained by having consumers attend the meetings and share their experiences. There were many favorable comments and the group decided to include an “open mike” segment at each of meeting.

Ms. DeJesús then discussed the recruitment of additional Board members. She asked the members to submit recommendations for additional board members in the next two or three weeks. There are presently have 8, and Ms. Ms. DeJesús hopes to have several more. Names of nominees and biographical information should be submitted to the Office in the next couple of weeks.

It was discussed that the Consumer Advisory Group would meet monthly. It was suggested that this group have a joint meeting with the Health Care Cabinet, but that joint meeting should happen no sooner than the March meeting.

Ms. Lubogo suggested there also be a joint meeting with the Health Insurance Exchange.

Ms. Rodriguez proposed that the Advisory Committee hold off on meetings with other group until the members have had a chance to absorb more information.

Ms. DeJesús said that she will schedule a joint meeting in March with one of the other groups or both. She mentioned that the Exchange is also having other advisory boards and that the members of this group should feel free to participate on any other advisory committees.

Ms. DeJesús thanked everyone for agreeing to serve as Advisory Board members and adjourned the meeting.